

PTO/SB/22 (12-04)

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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005</b> (Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) <b>416272003400</b>	
Application Number <b>10/067,620</b>		Filed <b>February 4, 2002</b>	
For <b>WALNUT AND RYEGRASS ALLERGENS</b>			
Art Unit <b>1644</b>		Examiner <b>P. J. Nolan</b>	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	Fee	Small Entity Fee	
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ 60.00
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$

☒ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2036 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.


☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to  
Deposit Account Number **03-1952** I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ attorney or agent of record. Registration Number **48,761**

☐ attorney or agent under 37 CFR 1.34.  
Registration number if acting under 37 CFR 1.34 \_\_\_\_\_

  
 Signature  
**Otis Littlefield**  
 Typed or printed name

**June 3, 2005**  
 Date  
**415/268-8848**  
 Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of **1** Forms are submitted.

**FACSIMILE TRANSMISSION**

I hereby certify that this correspondence is being facsimile transmitted to the COMMISSIONER FOR PATENTS- CENTRALIZED FAX NO. 703/872-9306 on:

Date: June **10**, 2005

By

**LILIA OLSEN**

sf-1945732

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